Annual Renewal of CBS/MIS Criminal History Information for Licensed Child Care Centers

Utah Department of Health – Bureau of Child Care Licensing, Southern Region 150 East Center Street, Suite 3200, Provo, Utah 84606

		License #:			
Address (Include city & zip):					
I accurate. I further certify that and that these signed forms mu	a Statement of Disclosu ust be provided upon re	ure has been signed by quest. I certify that all	y all individuals I information p	s listed below and is on file rovided herein is true and c	at this facility. I orrect, and includes
Director's Signature:		Date:/ Phone: ()		: ()	
IST TYPE OR PRINT IN BLACK	INK.		•		
Last Name *	First Name	Middle Name	Date of Birt	Social Security #	Driver's License #
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·	rite below this line.				
Date Received		CBS Approval		MIS Approval	
	this request is made pursuant to accurate. I further certify that and that these signed forms musters, directors, board members, eas Signature: must ✓ mark next to the Last Naground clearance. Documental IST TYPE OR PRINT IN BLACK Last Name *	this request is made pursuant to Utah Code 26-39-107, accurate. I further certify that a Statement of Disclosu and that these signed forms must be provided upon regres, directors, board members, employees, volunteers, as Signature: must / mark next to the Last Name of any individual be ground clearance. Documentation and/or explanation IST TYPE OR PRINT IN BLACK INK. Last Name * First Name ditional pages as needed to include all owners, directors, be shild care facility.	this request is made pursuant to Utah Code 26-39-107, for renewal of a child accurate. I further certify that a Statement of Disclosure has been signed be and that these signed forms must be provided upon request. I certify that all res, directors, board members, employees, volunteers, and minors age 12 and as Signature: Date: Date: Date: Date: Type OR PRINT IN BLACK INK. Last Name Middle Name Middle Name All this request is made pursuant to Utah Code 26-39-107, for renewal of a child are the company of the code of the	this request is made pursuant to Utah Code 26-39-107, for renewal of a child care license, a accurate. I further certify that a Statement of Disclosure has been signed by all individuals and that these signed forms must be provided upon request. I certify that all information purs, directors, board members, employees, volunteers, and minors age 12 and over who wo is Signature: Date: Date: Phone: (must / mark next to the Last Name of any individual below who has had a criminal arrest, we ground clearance. Documentation and/or explanation regarding such incidents must be at IST TYPE OR PRINT IN BLACK INK. Last Name * First Name Middle Name Date of Bird Middle Name Name Name Name Name Name Name Nam	Last Name * First Name Middle Name Date of Birth Social Security # # ditional pages as needed to include all owners, directors, board members, employees, volunteers, and minors age 12 and over valid care facility. partment use only. Do not write below this line.